

0.	IIIVENII E DELIADII ITATIONI A	DMINICT	.D V.	TION (IDA)	1. DATE	2. JRA	NUMBER
JUVENILE REHABILITATION ADMINISTRATION (JRA) ROOM AND ISOLATION CONFINEMENT RECORD							
Washington State DEPARTMENT OF SOCIAL OF HEALTH SERVICES	M AND ISOLATION SO	/146 1141	_ 17	IEMI NECOND			
3. NAME OF YOUTH		4. LIVIN	G U	NIT		5. FAC	ILITY
6. DESCRIPTION OF BEHAVIOR							
7 INCIDENT DEPORT ATTOLIES	To Loo Baos MUMBER	Lo OTAE	- C	IONATURE			
7. INCIDENT REPORT ATTCHED YES NO	8. LOG PAGE NUMBER	9. STAF	F SI	IGNATURE			
	ROC	OM CONF	INE	MENT			
10. REASON FOR ROOM CONFINE	EMENT (CHECK APPROPRIATE BOX)	7N. 00.c.	11			11. CONFINE	MENT TIME
☐ 1 A consequence of atten	npted escape or assisting an escape		4	Behavior legal defined as a	law violation	TIME IN	TIME OUT
						TOTAL	T18.4F
2 Repeated violation of po	osted facility or living unit rules		5	Reason for isolation as indi-	cated below	TOTAL HOURS	MINUTES
☐ 3 Repeated refusal to follow	ow staff directives						
12. Review Within 5 Hours by	SUPERVISOR'S SIGNATURE			DATE		TIME	
Supervisor							
REVIEW DECISION		-		I		<u> </u>	
13. Review Within 24 Hours	O.D.'S SIGNATURE			DATE		TIME	
by O.D. REVIEW DECISION							
NEVIEW BEGIGIO.							

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NAME OF YOUTH			

ROOM AND ISOLATION CONFINEMENT RECORD

		ISOLATION C	ONFIN	IEMENT					
14. DES	CRIPTION OF BEHAVIOR F	REQUIRING ISOLATION							
15. REASON FOR ISOLATION (CHECK APPROPRIATE BOX)							16. CONFINEMENT TIME		
An immediate Threat:					hreat of destruction to	TIME IN	TIME OUT		
				property as ev	vidence by past behaviors disturbance in living unit	TOTA	TIME		
A of physical harm to self or other				or continued d	HOURS	L TIME MINUTES			
☐ B of escape (for only so long as the intent to escape persists)									
17. Review Within 2 Hours by NON-ISOLATING STAFF SIGNATURE					DATE	TIME			
No	n-Isolating Staff								
WHAT IS	OLATION WILL ACCOMPLI	SH	FACT	TORS TO DETER	RMINE RELEASE				
18. Re	view Within 4 Hours by	NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
	n-Isolating Supervisor								
WHAT IS	OLATION WILL ACCOMPLI	SH	FACT	TORS TO DETER	RMINE RELEASE				
10 Pa	view Within 8 Hours by	NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
	n-Isolating Supervisor								
WHAT IS	OLATION WILL ACCOMPLI	SH	FACT	TORS TO DETER	RMINE RELEASE				
		O.D. SIGNATURE			DATE	TIME			
	view Within 12 Hours O.D.	C.B. GIGIWITORE			DATE	TIME			
-	OLATION WILL ACCOMPLI	SH	FACT	TORS TO DETER	RMINE RELEASE				
		NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
_	view Within 16 Hours O.D.	NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIIVIL			
_	OLATION WILL ACCOMPLI	SH	FACT	TORS TO DETER	RMINE RELEASE				
		NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
	view Within 20 Hours O.D.	NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
WHAT ISOLATION WILL ACCOMPLISH			FACTORS TO DETERMINE RELEASE						
		NO. 100 1 Thus Supersylves 2 (2)				T. 15			
	view Within 24 Hours O.D.	NON-ISOLATING SUPERVISOR SIGNATURE			DATE	TIME			
-	OLATION WILL ACCOMPLI	L SH	FACT	TORS TO DETER	RMINE RELEASE				
24. Contact director or designee for approval beyond 24 hours.									
O.D. SIG	NATURE				DATE	TIME			

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NAME OF YOUTH

ROOM AND ISOLATION CONFINEMENT RECORD

CONFINEMENT REQUIREMENTS								
RECORD REQUIRED CONTACTS ROOM CONFINEMENT REVIEWS ISOLATION REVIEWS								
1. Half-hour checks 2. Twice daily counseling 3. Daily shower 4. One hour/day release time 5. Medical check by nurse		Supervisor Within 5 ho O.D	Staff		2 hou r4 hou r8 hou	rs O.D16 hours rs O.D20 hours		
DATE	TIME	INITIALO				INITIAL	COMMENTO	
DATE	TIME	INITIALS	COMMENTS	DATE	TIME	INITIAL S	COMMENTS	
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